Department of the Treasury

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

		2009 calendar year, or tax year beginning SEP 1, 2009 and ending	AUG 31, 2010	1113546116ti
Bo	heck if pplicable	Please use IRS	D Employer identific	eation number
	Addres	s label or COMMITTEE FOR MISSING CHILDREN, INC.		
F	Name change	type	58-22	215576
F	Initial	See Number and street (or P.O. how if mail is not delivered to street address). People	uite E Telephone number	
	Temm	Specific 2/2 CTONE MOTINGATH CODEED		525-8204
	⊣ated Amend	msduc-	G Gross receipts \$	2,153,840.
	⊒return ∏Applica		H(a) Is this a group re	
	⊒tión pendin		for affiliates?	Yes X No
		934 STONE MILL RUN, LAWRENCEVILLE, GA 300	45 H(b) Are all affiliates incl	
		mpt status: X 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527		list. (see instructions)
		e: ► FINDTHEKIDS.COM	H(c) Group exemption	•
			rear of formation 1995 M	
	ert I	Summary	ear of formation 1999 IV	State of legal doffliche 321
		Briefly describe the organization's mission or most significant activities: LOCATING	MISSING CHILI	OREN
õ	' '	briefly describe the organization's mission or most significant activities <u>HOCATING</u>	HIDDING CHILL	<u> </u>
Activities & Governance	, ;	Cheal, this hay.	nore than 050/ of its not as	
Ver		Check this box I if the organization discontinued its operations or disposed of r	1 _ 1	12
Ĝ		Number of voting members of the governing body (Part VI, line 1a)	3	9
ಿ ರ ′೧	l	Number of independent voting members of the governing body (Part VI, line 1b)	4	
Ę.	l	Total number of employees (Part V, line 2a)	5	<u>2</u> 5
:≧	l	Total number of volunteers (estimate if necessary)	6	0.
Ą	1	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a 7b	0.
	Ь	Net unrelated business taxable income from Form 990-T, line 34	T	
		2	Prior Year 2,570,322.	2,143,338.
Ë		Contributions and grants (Part VIII, line 1h)	2,370,322.	2,143,330.
Revenue	l	Program service revenue (Part VIII, line 2g)	6,257.	3,184.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	10,632.	7,318.
		Other revenue (Part VIII, column (A); inces 5, 6d, 8c, 9c, 10c, and 11e)		2,153,840.
		Total revenue - add lines & through 14- (must equal Part VIII, column (A), line 12)	2,587,211.	2,133,040.
	13	Grants and similar amounts paid (Part IX, column (A), lines (3)		
	14	Benefits paid to or for members (Pattill, polymon(A), line	105 216	194,433.
Ses		Salaries, other compensation, employee benefits (Part IX, solumn (A), lines 5-10)	185,216. 2,289,907.	1,916,491.
ë		Professional fundraising fees (Part IX, column (A), line 11 es	2,209,907.	1,910,491.
Expenses		Total fundraising expenses (Part IX, column (b), Ime 25) 1,916,491.	160 522	160 026
-		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	169,523.	168,826.
	j	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,644,646.	2,279,750.
. 0		Revenue less expenses. Subtract line 18 from line 12	<57,435.	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
Ssel	20	Total assets (Part X, line 16)	468,018.	262,466.
ag P	21	Total liabilities (Part X, line 26)	257,049.	181,241.
		Net assets or fund balances. Subtract line 21 from line 20	210,969.	81,225.
P	art II	Signature Block	and to the best of my beauted	and helpef it in topic courses
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statement complete_ Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	edge	ge and belief, it is true, correct,
		$\mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} \mathcal{A} $	1 1	8-11
Sig	n	Construct of the		0-11
Her	e	Signature of officer	Date	
		DAVID C. THELEN, CEO		
		Type or print name and title	Charle of Duncan	
Palo	,	Preparer's Date of A Date of A Date of A	self- (see ins	er's identifying number itructions)
_	arer's	signature Victoria VVIVIII ////	employed	
	Only	Firm's name (or LYON CPA'S, PC yours if	EIN ►	
	,	self-employed), address, and		70 400 5505
		ZIP+4 NORCROSS, GA 30003-1658	Phone no ► 7	70-493-6606
14-	46-15	29 discuss this return with the preparer shows shove? (see instructions)		X Ves No

Form 990 (2009)

	990 (2009)	COMMITTEE FOR Program Service Acce		ILDREN,	INC.	58-22155	76 Page 2
1	Briefly describe the orga	 	SCHEDULE O			N WE ASSIST P.	ARENTS
		THE HELP THEY				THEIR RIGHT	S ARE
2	Did the organization und the prior Form 990 or 99	dertake any significant progra 90-EZ?	m services during the	year which wer	re not listed on		Yes X No
3		new services on Schedule O ase conducting, or make signi		vit conducts, ar	ov orogram servic	es?	Yes X No
	-	changes on Schedule O.	mount offeringes in his	, 10 001100010, 0.	i, program com		
4	Section 501(c)(3) and 50	rpose achievements for each 01(c)(4) organizations and sec e total expenses, and revenue	tion 4947(a)(1) trusts	are required to	report the amoun		_
4a	MANAGEMENT,) (Expenses \$ 314 OF PHOTOS OF I PARENT ADVOCACY THE BENEFIT OF	AND THE D	LDREN, E	ENT OF AN	INTERNATIO	NAL)
4b	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$	
_							
4c	(Code:) (Expenses \$	including g	rants of \$) (Revenue \$	
4d	Other program services (Expenses \$	s. (Describe in Schedule O.) Including grants) (Reven	ue\$)	
4e	Total program service	expenses ►\$	314,558.				orm 990 (2009)

			Yes	No
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
•	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_		
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
4	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
5		5		
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	6		Х
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	-		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		Х
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	- -		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			Х
_	Schedule D, Part III	8_	_	
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			Х
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			X
	If "Yes," complete Schedule D, Part V	10		
11	is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		х	
	as applicable	11	^_	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	ļ		
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	ļ		1,
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	17	Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			١,,
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			.,
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	<u> </u>	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	 	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form	990 (2009)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			.,
	Schedule K. If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c	-	
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
208	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	230		<u> </u>
U	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	•	Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30	İ	Х
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		<u></u>
-	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	-	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	38	Х	
	Note. All Form 990 filers are required to complete Schedule O.		990	2000

Part V Statements Regarding Other IRS Filings and Tax Compliance

<u> </u>			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	U.S. Information Returns. Enter -0- if not applicable			
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b	If "Yes," enter the name of the foreign country: ► GERMANY			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			l
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	_		v
	any contributions that were not tax deductible?	_6a	-	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			1
а	·	7-		Х
	provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7c		Х
	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d	' •		
				1
е	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
-	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings	1		
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		<u> </u>
10	Section 501(c)(7) organizations. Enter:	1		
а	Initiation fees and capital contributions included on Part VIII, line 12	ļ		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а		-		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	-	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	 	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		000	(00000)
		Form	ษษบ	(2009)

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58-2215576 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body 1a 12			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2	Х	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?	_3_		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		<u>X</u>
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		X
6	Does the organization have members or stockholders?	6_		<u> X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Α	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		Х	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	1		
·	in Schedule O how this is done	12c		Х
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent	77-11. I		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		X
	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a	ļ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	<u> </u>	L
Sec	tion C. Disclosure	WE	MD	343
17	List the states with which a copy of this Form 990 is required to be filed ▶GA, UT, ND, AL, CT, IL, KS, KY, LF		, MD	, MA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	tor		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request	. جوند		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	ria tina	ıncıal	
^-	statements available to the public.	•		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organizaDAVID THELEN - 800-525-8204	mon: •		
	242 STONE MOUNTAIN ST, LAWRENCEVILLE, GA 30045			
		Form	990	(2000)

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SEE SCHEDULE O FOR FULL LIST OF STATES

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

hours (check all that apply) compensation from related other week week by the part of the	(A) Name and Title	(B)			(0				(D) Reportable	(E) Reportable	(F) Estimated
DAVID THELEN	Name and Title	Average hours	(cl					ly)	,	-	amount of
DIRECTOR/CEO		per	<u> </u>						from the organization	organizations	other compensation from the organization and related organizations
NAME		40.00							00 106		•
DIRECTOR/SECRETARY		40.00	X	<u> </u>	X		1		89,186.	0.	0.
CHRISTIANE HIRTS		40.00	v		v				43 000	0 -	0.
DIRECTOR		40.00	<u> </u>	\vdash	A		├	┢	13,000.		
DIRECTOR/TREASURER		40.00	X						44,301.	0.	0.
DONALD PUTTERMAN			.,						0	0	0
DIRECTOR			X	<u> </u>	X	_	 		<u> </u>	0.	0.
JOHN STRANGE			x						0.	0.	0.
DIRECTOR			 	ļ —			1	-			
DIRECTOR X 0. 0. BARBARA KURTH DIRECTOR/VICE PRESIDENT X X 0. 0. HARALD WEISKER DIRECTOR/PRESIDENT X X 0. 0. BILL WATERMAN DIRECTOR X 0. 0. NOEL P. WALSH DIRECTOR X 0. 0. BOB WHEELER DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT			X						0.	0.	0.
BARBARA KURTH DIRECTOR/VICE PRESIDENT X X 0. 0. HARALD WEISKER DIRECTOR/PRESIDENT X X 0. 0. BILL WATERMAN DIRECTOR X 0. 0. NOEL P. WALSH DIRECTOR X 0. 0. BOB WHEELER DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT											
DIRECTOR/VICE PRESIDENT X X 0. 0. HARALD WEISKER DIRECTOR/PRESIDENT X X 0. 0. BILL WATERMAN DIRECTOR X 0. 0. NOEL P. WALSH DIRECTOR X 0. 0. BOB WHEELER DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT			X	ļ	<u> </u>	<u> </u>	┡		0.	0.	0.
HARALD WEISKER DIRECTOR/PRESIDENT X X 0. 0. BILL WATERMAN DIRECTOR X 0. 0. NOEL P. WALSH DIRECTOR X 0. 0. BOB WHEELER DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT			x		X				0.	0.	0.
DIRECTOR/PRESIDENT X X 0. 0. BILL WATERMAN DIRECTOR X 0. 0. NOEL P. WALSH DIRECTOR X 0. 0. BOB WHEELER DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT		 					\vdash				
DIRECTOR X 0. 0. NOEL P. WALSH DIRECTOR X 0. 0. BOB WHEELER DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT			X		X				0.	0.	0.
NOEL P. WALSH DIRECTOR DIRECTOR DIRECTOR/VICE PRESIDENT RALF SCHMITT O. 0. 0. 0. 0.						1					
DIRECTOR X 0. 0. BOB WHEELER DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT			X		<u> </u>		<u> </u>		0.	0.	0.
BOB WHEELER DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT											0
DIRECTOR/VICE PRESIDENT X X 0. 0. RALF SCHMITT			X		-	-	-	├	0.		0.
RALF SCHMITT			l,		l,			1		0	0.
			^	╁	^	┝	\vdash	╁	0.	0.	0.
DIRECTOR A CO			v						0.	0.	О.
	DIRECTOR										
			-	_	_						
					L						
j											

Form 990 (2009)

(A) Name and title	(B) Average			(C Posi	•	1		(D) Reportable	(E) Reportable		(F) Estimat	ed
Hamo and title	hours	ours (che				арр	ly)	compensation	compensation from related		amount	of
	week	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуве	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	s	from the organization organizat	ation ne tion ted
										+		
							<u> </u>		· ·	_		
										+		·
		-										
1b Total								176,487.		0.		0 .
Total number of individuals (including be compensation from the organization		hose	liste	ed al	oov	e) wh	o r		,000 in reportable	 }		(
3 Did the organization list any former office			, ke	y em	nplo	yee,	or h	nighest compensated er	nployee on		Yes	No
line 1a? If "Yes," complete Schedule J for any individual listed on line 1a, is the and related organizations greater than \$	sum of reportat	ole co						•	the organization	-	4	X
5 Did any person listed on line 1a receive the organization? If "Yes," complete Sci	or accrue compe	ensat	ion f						ices rendered to		5	х
Section B. Independent Contractors 1 Complete this table for your five highest the organization.	compensated in	dep	ende	ent c	ont	racto	rs t	that received more than	\$100,000 of com	pensa	ition from	
(A) Name and busin KENTEL, INC., 101 NE 3F		0.2	T	700				(B) Description of s	services	Cc	(C) ompensation	on
LAUDERDALE, FL 33301 NEWPORT CREATIVE COMMUN				· <u>1</u>				FUNDRAISING		1,	,442,5	
33 RAILROAD AVENUE, DUX	BURY, MA	0:	233	323	38	07	_	FUNDRAISING	COUNSEL		448,0	35.
Total number of independent contracto	rs (including but	not li	mite	d to	tho	se li	stec	d above) who received n	nore than	·····		
\$100,000 in compensation from the org						2					Form 990	(2000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	(A)	(B)	(C)	(D)
_	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				111111111111111111111111111111111111111
5	Compensation of current officers, directors,				
	trustees, and key employees	176,487.	163,268.	13,219.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	17,946.	17,005.	941.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	8,668.	7,834.	834.	
C	Accounting	10,336.	9,361.	975.	<u>-</u>
d	Lobbying	1 016 101			1 016 401
е	Professional fundraising services See Part IV, line 17	1,916,491.			1,916,491.
f	Investment management fees				
9	Other		····		
12	Advertising and promotion				
13	Office expenses	0.722	0 004	740	
14	Information technology	9,733.	8,984.	749.	
15	Royalties	22 242	21 202	1,140.	
16	Occupancy	22,343. 25,359.	21,203. 2,474.	22,885.	
17	Travel	25,339.	2,4/4.	22,003.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	75.		75.	
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	2,611.	2,415.	196.	
22	Depreciation, depletion, and amortization	3,265.	3,068.	197.	
23	Insurance Other expenses Itemize expenses not covered	3/203.	3,000.		- incompany
24	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below)	21,224.	21,224.		
a	PARENT SUPPORT CASUAL LABOR	13,324.	12,174.	1,150.	
b	PUBLIC RELATIONS	12,022.	12,022.	1,150.	
c	OPETCE CUDDITEC C EVDEN	9,133.	8,433.	700.	·
d	WEB SITE DEVELOPMENT	4,300.	4,300.	700•	
e		26,433.	20,793.	5,640.	
f os	All other expenses	2,279,750.	314,558.	48,701.	1,916,491
25	Total functional expenses. Add lines 1 through 24f Joint costs. Check here ► X if following	2,213,130.	314,330.	10,701.	-, - 10, 401
26	•			1	
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Part X Balance Sheet (B) (A) Beginning of year End of year 223,308. 72,646. 1 1 Cash - non-interest-bearing 183,085. 238,901. 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L Notes and loans receivable, net 7 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other 46,897 basis. Complete Part VI of Schedule D 10a 41,586. 4,385. 5,311. 10c 10b b Less: accumulated depreciation Investments - publicly traded securities 11 11 12 Investments - other securities. See Part IV, line 11 12 Investments · program-related. See Part IV, line 11 13 13 14 14 Intangible assets 1,424. 1,424. 15 Other assets. See Part IV, line 11 15 262,466. 468,018. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 16,241. 15,631 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, 22 highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 240,808. 25 165,610. Other liabilities. Complete Part X of Schedule D 257,049. 181,241. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 210,969. 81,225. 27 27 Unrestricted net assets 28 28 Temporarily restricted net assets 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 210,969. 81,225. 33 33 Total net assets or fund balances 468,018. 262,466. Total liabilities and net assets/fund balances

Form 990 (2009)

Form	1990 (2009) COMMITTEE FOR MISSING CHILDREN, INC. 58-221	L5576	Par	ıge 12
Pa	rt XI Financial Statements and Reporting			
,			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit		į '	
	Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3ь	i '	

Form **990** (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

			COMMITT	EE FOR MISSI	NG CH	ILDRE	N. IN	IC.		58	3-2215	576	
Par	Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.												
The o	The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)												
1 [s, or association of chur	_		-	=).				
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)											
3		A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).					
4		A medical re-	search organization	operated in conjunction	with a hos	pital desci	ribed in se	ction 170	(b)(1)(A)(i	ii). Enter ti	ne hospital	's nan	ne,
		city, and stat	te:										
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170	(b)(1)(A)(iv). (Comple	ete Part II.)									
6		A federal, sta	ate, or local governm	ent or governmental uni	t describe	d ın sectio	n 170(b)(I)(A)(v).					
7 [X	An organizat	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	ublic desc	nbed	ın
_	_	section 170	(b)(1)(A)(vi). (Comple	te Part II.)									
8		A community	trust described in s	section 170(b)(1)(A)(vi).	(Complete	Part II.)							
9		An organizat	on that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembershi	p fees, an	d gross re	ceipts	from
		activities rela	ited to its exempt fui	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support 1	rom gross	invest	ment
		income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon a	fter June 3	0, 197	7 5.
_		See section	509(a)(2). (Complete	Part III.)									
10 L	_	An organizat	ion organized and of	perated exclusively to te	st for publ	ıc safety. S	See sect io	n 509(a)(4	I).				
11 L		-		perated exclusively for th							•		or
		more publicly	y supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2	2). See se c	ction 509(a)(3). Che	ck the box	that	
				organization and comple	ete lines 1	1e through	11h.						
_	_	a Type		• •	• •	e III - Func	-	-		d 📖	Type III • 0		
e L				it the organization is not									
_				han one or more publicly						9(a)(1) or s	ection 509	(a)(2).	
f				ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
			rganization, check th		_								
9				organization accepted an			-		. .				
				irectly controls, either al	one or tog	ether with	persons o	lescribed i	in (II) and (III) below,		Yes	No
		-	• •	upported organization?							11g(i)		
			·	n described in (i) above?		•					11g(ii)	<u> </u>	
h		-	•	person described in (i) o	` '						11g(iii)	<u> </u>	
"		Frovide the i	ollowing information	about the supported org	ganization	(S).							
		of our product	(II) EIN	(ili) Type of	(iv) is the c	rganization	(v) Did voi	notify the	(vi) Is	the	4 4		
(I) N		of supported nization	(II) EIN	organization		sted in your		•	Lorganizátic	on in col	(vii) An	10unt 0 port	T
	uigu	ined (O)		(described on lines 1-9 above or IRC section		document?			(I) organized in the US?		Sup	poit	
				(see instructions))	Yes	No	Yes	No	Yes	No			
			<u></u>			;							

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

932021 02-08-10

Total

Schedule A (Form 990 or 990-EZ) 2009 COMMITTEE FOR MISSING CHILDREN, INC. 58-2215576 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke	d the box on line 5	, 7, or 8 of Part I.)							
Se	ction A. Public Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not					2 142 220	12 409 920			
_	include any "unusual grants.")	3,146,086.	2,925,037.	2,624,037.	2,570,322.	2,143,338.	13,408,820.			
2	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities									
-	furnished by a governmental unit to the organization without charge									
4	Total. Add lines 1 through 3	3,146,086.	2,925,037.	2,624,037.	2,570,322.	2,143,338.	13,408,820.			
5			······································							
_	by each person (other than a									
	governmental unit or publicly		l							
	supported organization) included		1							
	on line 1 that exceeds 2% of the									
	amount shown on line 11,		1							
	column (f)		l							
6	Public support. Subtract line 5 from line 4						13,408,820.			
Se	ction B. Total Support									
Cal	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total			
7	Amounts from line 4	3,146,086.	2,925,037.	2,624,037.	2,570,322.	2,143,338.	13,408,820.			
8	Gross income from interest,			Ì						
	dividends, payments received on]						
	securities loans, rents, royalties									
	and income from similar sources	9,945.	8,418.	12,405.	6,257.	3,184.	40,209.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on									
10	Other income. Do not include gain									
	or loss from the sale of capital	00 501	10 450	10 540	10 600	7 210	60 406			
	assets (Explain in Part IV.)	23,531.	10,472.	10,543.	10,632.	7,318.	62,496.			
11	Total support. Add lines 7 through 10	<u></u>				<u>1</u>	13,511,525.			
12						12				
13	First five years. If the Form 990 is for	_	first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	~ _			
50	organization, check this box and stor ction C. Computation of Publ		roontago							
_				aluma (6)		14	99.24 %			
	Public support percentage for 2009 (Public support percentage from 2008)		•	olumn (I))		15	99.24 %			
	33 1/3% support test - 2009. If the o	•	-	line 12 and line 1/	1 in 33 1/3% or m					
100	stop here. The organization qualifies	•		mie 15, aito mie 1-	+ 15 33 173 76 OI III	ore, check this box	► X			
	33 1/3% support test - 2008.If the o		•	a 13 or 16a and li	ne 15 le 33 1/3%	or more, check thi				
٠	and stop here. The organization qual	•		· ·	116 10 13 00 170 70	or more, encer un	▶ □			
17:	10% -facts-and-circumstances tes	, ,	• • •		13 16a or 16b a	nd line 14 is 10% (or more			
.,,	and if the organization meets the "fac									
	meets the "facts-and-circumstances"				•	it it now the engan	▶ □			
	10% -facts-and-circumstances tes			• • •	-	7a, and line 15 is 1	0% or			
•		-								
	more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization									
18	Private foundation. If the organization						s▶□			
					_	dule A (Form 990				

Part III Support Schedule for C Section A. Public Support	Organizations	Described in	Section 509(a	(Complete only	rif you checked the bo	ox on line 9 of Part
	1 1 1 2 2 2 2			1	1 41.222	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and	h	Ì				
membership fees received. (Do not						
include any "unusual grants.")		 			1	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose	-	 	-			
3 Gross receipts from activities that						
are not an unrelated trade or bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf					i	
5 The value of services or facilities	-			-	·	
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and				1		
3 received from disqualified persons		}				
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b					-	
8 Public support (Subtract line 7c from line 6)			 		,	
Section B. Total Support	<u> </u>	1	<u></u>	1	· F	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(0) 2000	15/2.555	(6) 2331	(0) 2000	(0) 2005	(i) Total
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	r the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation.
check this box and stop here	•		,	•		▶ □
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2009 (column (f))		15	
16 Public support percentage from 2008		-	\ <i>''</i>		16	
Section D. Computation of Inve	stment Incom	e Percentage	!			
17 Investment income percentage for 20					17	
18 Investment income percentage from					18	
19a 33 1/3% support tests - 2009. If the			on line 14, and line	e 15 is more than :		
more than 33 1/3%, check this box a						▶ [
b 33 1/3% support tests - 2008. If the		-				and
line 18 is not more than 33 1/3%, che	-				•	▶□
20 Private foundation. If the organization						▶ □
					nedule A (Form 99	0 or 990-EZ) 20

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009 Open to Public Inspection

Name of the organization

COMMITTEE FOR MISSING CHILDREN, INC.

 $\begin{array}{c} \textbf{Employer identification number} \\ 58-2215576 \end{array}$

Pa	rt I Organizations Maintaining Donor Adviso	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.	
	· · · ·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the or	rganization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	tion (check all that apply).	
	Preservation of land for public use (e.g., recreation or	pleasure) Preservation of an hi	storically important land area
	Protection of natural habitat	Preservation of a cei	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
ь	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	ne organization during the tax
	year ▶	-	
4	Number of states where property subject to conservation ea	asement is located ▶	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	•
	violations, and enforcement of the conservation easements	it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting	, and enforcing conservation easements	during the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing conservation easements durin	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) abo		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conserva	tion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	ation's financial statements that describes	s the organization's accounting for
	conservation easements.		
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116, ne	ot to report in its revenue statement and l	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of p	ublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	e items.	
ь	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education,	or research in furtherance of public service	ce, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tro	easures, or other similar assets for financi	al gain, provide
	the following amounts required to be reported under SFAS	116 relating to these items:	
а		-	▶ \$
b			► \$ ► \$
-	•		

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 COMMITT	EE FOR MIS	SING	CHILD	REN,	INC.		58-22	15576	Pag	је 2
Par	t III Organizations Maintaining C	ollections of A	rt, Histo	rical Tr	easure	s, or Oth	er Simila	ar Asse	ts (contin	ued)	_
3	Using the organization's acquisition, accessi										
	(check all that apply):										
а	Public exhibition	d	🔲 Lo	oan or exc	hange pro	ograms					
b	Scholarly research	е	О	ther							
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how the	y further t	he organi	zation's exe	empt purpo	se in Part	t XIV.		
5	During the year, did the organization solicit o	r receive donations	of art, hist	orical trea	sures, or	other simila	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of	he organi	zation's co	ollection?				Yes		No
Par	t 🚺 Escrow and Custodial Arran	gements. Compl	ete if orgai	nization ar	nswered "	Yes" to Fo	rm 990, Pa	rt IV, line !	9, or		
	reported an amount on Form 990, Pa	rt X, line 21.			_						
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for co	ontribution	ns or othe	r assets no	t included		_		
	on Form 990, Part X?								Yes	Ш	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing tal	ble:							
									Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21?						Yes		No
	If "Yes," explain the arrangement in Part XIV.	-									
Par	t V Endowment Funds. Complete	f the organization ar	swered "\	es" to Fo	rm 990, P	art IV, line	10.				
		(a) Current year	(b) Pric	or year	(c) Two	years back	(d) Three y	ears back	(e) Four	ears b	<u>ack</u>
1a	Beginning of year balance				<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	**********	******		
b	Contributions			_							
C	Net investment earnings, gains, and losses			-		······································					
d	Grants or scholarships				ļ	······					
e	Other expenditures for facilities										
	and programs				ļ						
f	Administrative expenses				<u> </u>		<u> </u>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9	End of year balance				<u> </u>		<u> </u>				
2	Provide the estimated percentage of the year	r end balance held a	as:								
а	Board designated or quasi-endowment		%								
þ	Permanent endowment >	%									
C	Term endowment	%									
За	Are there endowment funds not in the posse	ession of the organiz	ation that	are held a	ınd admın	istered for	the organiz	ation	_		
	by:									Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(II), are the related organizations								3b		
4	Describe in Part XIV the intended uses of the										
Par											
	Description of investment	(a) Cost or o		• •	or other		Accumulate		(d) Book	value	
		basis (investi	nent)	pasis	(other)	de	preciation				—
1a	Land										
Ь	Buildings						•				
C	Leasehold improvements	16	007				/1 F	96		21	1
d	Equipment	40,	897.				41,5	00.		, 31	<u> </u>
	Other (C)	15 222.5		· (D) (10(-)				Ę	,31	1
ı otal	. Add lines 1a through 1e. (Column (d) must e	iguai rorm 990, Part	x, column	າ (ປ), line ໄ	IU(C).)				ر	721	•

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 COMMITTEE	FOR MISSING C	CHILDREN,	INC. 58	<u>-2215</u> 576	Page 3
Part VII Investments - Other Securities.	See Form 990, Part X, line	12.			
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valua Cost or end-of-year man		
Financial derivatives					
Closely-held equity interests					
Other		_			
	<u></u>				
					
			<u> </u>		
			 		
					-
Total (Col (b) must equal Form 990, Part X, col (8) line 12)					
Part VIII Investments - Program Related.	See Form 990, Part X, line	e 13.			
(a) Description of investment type	(b) Book value		(c) Method of value		
——————————————————————————————————————	(b) Book Value		Cost or end-of-year mai	ket value	
					<u> </u>
		-			
					
	-				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>				
Part IX Other Assets. See Form 990, Part X, Irr				(b) Book va	lua
· · · · · · · · · · · · · · · · · · ·	a) Description			(b) BOOK Va	iue
	,,				
		-			
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 15)	 	-	 	
Part X Other Liabilities. See Form 990, Part >					
1. (a) Description of liability		(b) Amount		11 10 1	
Federal income taxes					
ACCRUED PAYROLL TAXES & W/H		6,60	4.		
ACCRUED TELEMARKETING		159,00	6.		
		 	_		
			_		
Total. (Column (b) must equal Form 990, Part X, col (B) III	ne 25.)	165,61	0.		
2. FIN 48 Footnote. In Part XIV, provide the text of the fo				janization's liabilit	y for
uncertain tax positions under FIN 48.	-		·		

Schedule D (Form 990) 2009

932053 02-01-10

Sche	dule D (Form 990) 2009 COMMITTEE FOR MISSING CHI	LDREN,	INC.		58-2	2215576	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 t	o Audite	d Finan	cial S	tatement	s	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		2,153,	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		2,279	750.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<125	910.
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV.)			8			, 83 <u>4 .</u> >
9	Total adjustments (net). Add lines 4 through 8			9			<u>, 834 -</u> 2
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a			10			<u>,744.</u> >
Pai	t XII Reconciliation of Revenue per Audited Financial Statem	ents Wit	h Rever	nue pe	er Return		040
1	Total revenue, gains, and other support per audited financial statements				1	2,153	,840.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 - 1					
а	Net unrealized gains on investments	2a					
ь	Donated services and use of facilities	2b					
C	Recoveries of prior year grants	2c					
d	•	2d					^
_	Add lines 2a through 2d				2e	2,153	940
3	Subtract line 2e from line 1				3	2,155	, 040 .
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					٥
_ C	Add lines 4a and 4b				4c	2,153	940
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XIII Reconciliation of Expenses per Audited Financial Stater	nonto Wi	th Evno	neoe	per Petu		, 040 -
		Hellra MI	III Expe	11562	per Retu	2,279	750
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:				•	2/2/5	,,,,,,
	Donated services and use of facilities	2a					
a	Prior year adjustments	2b	,				
0	Other losses	2c					
d	Other (Describe in Part XIV.)	2d					
	Add lines 2a through 2d				2 _e		0.
3	Subtract line 2e from line 1				3	2,279	750.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
	Other (Describe in Part XIV.)	4b					
	Add lines 4a and 4b				4c		0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)				5	2,279	
Pa	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part	III, lines 1a	and 4; Pa	ırt IV, lın	es 1b and 2	b; Part V, line	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also con	nplete this p	oart to pro	vide an	y additional	information.	
	_						
PAI	RT XI, LINE 8 - OTHER ADJUSTMENTS:				_		
	2021 A TO A T						
EXC	CHANGE GAIN (LOSS): -3834.				_		
	<u> </u>					<u>. </u>	
					·	-	
					Cabad	ula D /Farm O	00) 2000

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

► Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, Department of the Treasury or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

J In-person solicitations

Part I

COMMITTEE FOR MISSING CHILDREN, INC.

Employer identification number

□ No

58-2215576

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants X Phone solicitations

Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(v) Amount paid (iii) Ņıd (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) nundraiser have custody or control of contributions? to (or retained by) (ii) Activity fundraiser from activity or entity (fundraiser) organization listed in col. (i) TELEPHONE Ye<u>s</u> X 1641520 1442515 199,005. SOLICITATION XENTEL, INC. NEWPORT CREATIVE DIRECT MAIL

X 469,922 452,303. 17,619. COMMUNICATIONS SOLICITATION TELEPHONE 21,009 19,462 1,547. SOLICITATION X MERIT FUNDRAISING

2132451. 1914280. 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

COMMITTEE FOR MISSING CHILDREN, INC. Schedule G (Form 990 or 990-EZ) 2009 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (total number) (event type) (event type) Revenue 1 Gross receipts 2 Less: Charitable contributions 3 Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 6 7 Food and beverages Entertainment Other direct expenses 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Combine line 3, column (d), and line 10 Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes Volunteer labor Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7 Yes No 9 Enter the state(s) in which the organization operates gaming activities: 9a a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain: 11 Does the organization operate gaming activities with nonmembers? Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Sch	edule G (Form 990 or 990-EZ) 2009 COMMITTEE FOR MISSING CHILDREN, INC. 58-2215	557		age 3
			Yes	No
13	Indicate the percentage of gaming activity operated in:			
а	The organization's facility 13a %			
b	An outside facility 13b %			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ►			
	Addiess P			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount			
	of gaming revenue retained by the third party ▶\$			
С	If "Yes," enter name and address of the third party:			
	Name			
	Address ▶			
16	Gaming manager information:			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	17a		ļ
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			

Schedule G (Form 990 or 990-EZ) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMITTEE FOR MISSING CHILDREN, INC.

Employer identification number 58-2215576

COMMITTEE FOR MISSING CHILDREN, INC. 38-2213376
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THROUGH THE DEDICATION OF OUR PHOTO PARTNERS, WE PRODUCE AND DISTRIBUTE
IMAGES OF MISSING CHILDREN WORLDWIDE.
WE GATHER AND SHARE INFORMATION, SERVE AS A CLEARINGHOUSE FOR
INFORMATION AND THE LAWS ABOUT MISSING AND ABDUCTED CHILDREN, AND ARE
DEVELOPING THE LARGEST WEB-BASED INFORMATIONAL DATABASE ON THIS
SUBJECT.
THROUGH OUR SAFETY AND PREVENTION PROGRAM WE DISTRIBUTE SAFETY RULES,
POSTERS, AND IDENTITY KITS, AS WELL AS SAFETY AND PREVENTION
INFORMATION THROUGH OUR WEBSITE.
FORM 990, PART VI, SECTION A, LINE 2: CEO DAVID C. THELEN, AN EMPLOYEE,
AND SECRETARY KAREN THELEN, AN EMPLOYEE, ARE HUSBAND AND WIFE.
FORM 990, PART VI, SECTION B, LINE 11: ALL BOARD MEMBERS ARE PROVIDED WITH
A COPY OF THE AUDITED FINANCIAL STATEMENTS AND THE FEDERAL FORM 990 PRIOR
TO FILING WITH THE INTERNAL REVENUE SERVICE AND THE VARIOUS STATES. ANY
QUESTIONS REGARDING SAME ARE DIRECTED THROUGH THE CEO TO THE INDEPENDENT
AUDITOR WHO PREPARES THE FORM 990.
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
GA, UT, ND, AL, CT, IL, KS, KY, LA, ME, MD, MA, MN, NH, NJ, NY, NC, OR, OH, PA, RI, TN, VA, WA, CA
WI,OK,AK,FL,MI,WV,MS

Schedule O (Form 990) 2009

SCHEDULĘ O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

COMMITTEE FOR MISSING CHILDREN, INC.

Employer identification number 58-2215576

COMMITTEE FOR MISSING CHIEDREN, INC. 30-2215570
FORM 990, PART VI, SECTION C, LINE 19: AVAILABLE FOR INSPECTION AT THE
CORPORATE OFFICE DURING NORMAL BUSINESS HOURS. COPIES ARE AVAILABLE UPON
WRITTEN REQUEST.
FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:
CHRISTIANE HIRTS - POSTFACH 1252; D-63502, LANGENSELBOLD GERMANY, GERMANY
GEORGE W. MARLOW - 606 CROGAN STREET, LAWRENCEVILLE, GA 30045
DONALD PUTTERMAN - 4 PRINCETON STREET, SCHENECTADY, NY 12304
JOHN STRANGE - 405 S. MULBERRY STREET, ELIZABETHTOWN, KY 42701
LINDA SHAY GARDNER - 740 MAIN ST, BETHLEHEM, PA 18018
BARBARA KURTH - 1190 BISHOP HILL ROAD, CHARLOTTESVILLE, VA 22902
HARALD WEISKER - JAHNSTRASSE 14; D-63110, RODGAU GERMANY, GERMANY
BILL WATERMAN - AIR FORCE RESERVE COMMAND HQ, ROBINS AFB, GA
NOEL P. WALSH - 5409 ST. LYONN PLACE, MARIETTA, GA 30069
BOB WHEELER - 1667 RIVERMIST DRIVE, LILBURN, GA 30047

RALF SCHMITT - RUDOLF-CAMERER STR. 9, 81369 MUNICH GERMANY, GERMANY

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Schedule O (Form 990) 2009

08260118 797922 C1550

SCHEDULE O

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Internal Revenue Service							WASPESTION
Name of the organization	COMMITTE	EE FOR	MISSING	CHILDREN,	INC.		Employer identification number 58–2215576
FORM 990, PART	XI, LINE	2C					
THERE WAS NO C	HANGE IN T	HE PRO	CESS OF	SELECTING	THE	INDEP	ENDENT
ACCOUNTANT.				-			
	<u> </u>					-	
			· · · · · · · · · · · · · · · · · · ·				
							
- 					<u> </u>		
- 				<u> </u>			
	-						- <u>-</u>
							

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) ▶ See separate instructions. ▶ Attach to your tax retur

► Attach to your tax return.

990

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

Identifying number

COMMITTEE FOR MISSING	CHILDREN	, INC.	FOR	м 990 і	PAGE 10		58-2215576
Part Election To Expense Certain Prope		•	ou have any lis	ted property,	complete Part	V before y	ou complete Part I.
1 Maximum amount See the instructions	for a higher limit	for certain b	usinesses			1	250,000.
2 Total cost of section 179 property place	ed in service (see	Instructions)			2	3,537.
3 Threshold cost of section 179 property	before reduction	ın limitation				3	800,000.
4 Reduction in limitation. Subtract line 3	from line 2. If zero	or less, ent	er -0·			4	0.
5 Dollar limitation for tax year Subtract line 4 from line	e 1 if zero or less, enter	r -0- If married fil	ing separately, see	instructions		5	250,000.
6 (a) Description of pr	operty		(b) Cost (busin	ess use only)	(c) Elected	cost	
-							
7 Listed property. Enter the amount from	line 29			7			
8 Total elected cost of section 179 proper	erty. Add amounts	s ın column (c), lines 6 and	7		8	
9 Tentative deduction. Enter the smaller						9	
10 Carryover of disallowed deduction from	•					10	250 000
11 Business income limitation. Enter the s		•		•		11	250,000.
12 Section 179 expense deduction. Add li				\		12	
13 Carryover of disallowed deduction to 2				▶ 13			
Note: Do not use Part II or Part III below for Part II Special Depreciation Allowa		_		do listed stor	- Orthy 1		
the state of the s					• •	1	
14 Special depreciation allowance for qua	litiea property (ot	ner than liste	a property) pi	aced in service	e auring	144	
the tax year 15 Property subject to section 168(f)(1) ele	action					15	
16 Other depreciation (including ACRS)	ecuon					16	2,611.
Part III MACRS Depreciation (Do no	at include listed n	roperty) (Se	nstructions.)		1 10	2,011.
F STATE INVOICE DEPRESENTED IN	ot mondo notos p		ection A	<i>'</i>			
17 MACRS deductions for assets placed	in service in tax ve	ears beginnir	na before 200	9		17	
18 If you are electing to group any assets placed in ser	·	•	_		▶ □		
Section B - Assets						tion Syste	em
(a) Classification of property	(b) Month and year placed in service	(business/i	or depreciation nvestment use instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property			•				
b 5-year property							
c 7-year property	_]						
d 10-year property							
e 15-year property							
f 20-year property	_						
g 25-year property				25 yrs.		S/L	
h Residential rental property	//			27.5 yrs.	MM	S/L	
- Troolectival rettal property				27.5 yrs.	MM	S/L	
i Nonresidential real property	//	<u> </u>		39 yrs	MM	S/L	
	/	D : 000	A T V 11		MM	S/L	<u> </u>
Section C - Assets F	laced in Service	During 200	9 lax Year U	sing the Aite	mative Depred	1	stem
20a Class life	\dashv			10		S/L	
b 12-year	 			12 yrs.	1484	S/L	
c 40-year Part IV Summary (See Instructions)		<u> </u>		40 yrs.	MM	S/L	<u> </u>
	- 00					04	<u> </u>
21 Listed property. Enter amount from line		10 10	0 in adii /-	\ and line 04		21	<u> </u>
22 Total. Add amounts from line 12, lines Enter here and on the appropriate lines						22	2,611.
23 For assets shown above and placed in	•	•	•	LIONS - See Ins	ш.		2/011.
portion of the basis attributable to sec	_	ic content yea	AL GIRET LIIC	23			
portion of the basis attributable to sec	20017 00313						L

Form 4562 (2009) Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, Part V recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, completeonly 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the Instructions for limits for passenger automobiles) Yes 24a Do you have evidence to support the business/investment use claimed? Yes 24b If "Yes," is the evidence written? No (b) (c) (e) (f) (d) Elected Date Business/ Basis for depreciation Recovery Depreciation Type of property Cost or Method/ section 179 placed in investment (business/investment (list vehicles first) period Convention deduction other basis use percentage service use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use S/L· % S/L· % % S/L· 28 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. **(f)** (b) (c) (d) (e) (a) Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the Vehicle Vehicle year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons. No Yes 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles Part VI Amortization **(f)** (b) (c) (d)(e) Amortizable amount Description of costs Date amortization Code Amortization Amortization for this year nod or percentag begins Amortization of costs that begins during your 2009 tax years 43 43 Amortization of costs that began before your 2009 tax year

Form 4562 (2009)

44 Total. Add amounts in column (f). See the instructions for where to report

THE COMMITTEE FOR MISSING CHILDREN, INC. LAWRENCEVILLE, GEORGIA ACCOUNTANTS' REPORT AUGUST 31, 2010





Members American Institute of Certified Public Accountants Georgia Society of Certified Public Accountants 1770 Indian Trail Road Suite 200 P.O. Box 931658 Norcross, GA 30003-1658

INDEPENDENT AUDITOR'S REPORT

To the Executive Committee of the Board of Directors The Committee for Missing Children, Inc. Lawrenceville, Georgia

We have audited the accompanying consolidated statement of financial position of The Committee for Missing Children, Inc. (a not-profit organization) as of August 31, 2010, and the related consolidated statements of activities and cash flows for the year then ended. These financial statements are the responsibility of the Organization's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Committee for Missing Children, Inc. as of August 31, 2010, and the changes in net assets and its cash flows for the year then ended in conformity with generally accepted accounting principles generally accepted in the United States of America.

Lyon CPA's, P.C.

Certified Public Accountants

Norcross, Georgia, December 14, 2010.

THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED STATEMENT OF FINANCIAL POSITION AUGUST 31, 2010

ASSETS

CURRENT ASSETS Cash and cash equivalents Total Current Assets		\$.	255,731 255,731
PROPERTY AND EQUIPMENT Furniture and fixtures Machinery and equipment Computer software Computer hardware Total	\$	7,143 19,479 3,072 17,203 46,897	
Less: Accumulated depreciation		41,586	5,311
OTHER ASSETS Deposits			1,424
TOTAL ASSETS		\$ _	262,466
<u>LIABILITIES AND NET ASSETS</u> CURRENT LIABILITIES			
Accounts payable		\$	15,631
Accrued fundraising			159,006
Accrued expenses			6,604
Total Current Liabilities			181,241
Total Liabilities			181,241
NET ASSETS Unrestricted			81,225
TOTAL LIABILITIES AND NET ASSETS		\$	262,466

The accompanying Notes to Financial Statements are an integral part of this statement.

THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED STATEMENT OF ACTIVITIES FOR THE YEAR ENDED AUGUST 31, 2010

CHANGES IN UNRESTRICTED NET ASSETS Revenues and Gains: Fundraising revenues Other cash donations Foreign currency transaction gain (loss) Investment income Total Unrestricted Revenues and Gains	\$	2,135,189 15,565 (98) 3,184 2,153,840
Expenses:		
Photo distribution	\$ 13,734	
Parent advocacy	163,283	
Information database	59,736	
International operations	77,805	
Management and operations	48,701	
Total Program Expenses	363,259	
Fundraising expenses	1,916,491	<u>2,279,750</u>
INCREASE (DECREASE) IN UNRESTRICTED NET ASSETS		(125,910)
FOREIGN CURRENCY TRANSLATION GAIN (LOSS)		(3,834)
NET ASSETS AT BEGINNING OF YEAR		210,969
NET ASSETS AT END OF YEAR	\$	81,225

The accompanying Notes to Financial Statements are an integral part of this statement.

THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED STATEMENT OF CASH FLOWS FOR THE YEAR ENDED AUGUST 31, 2010

CASH FLOWS FROM OPERATING ACTIVITIES	_	
Increase (decrease) in net assets	\$	(125,910)
Adjustment to reconcile decrease in net assets to		
net cash provided by operating activities:		
Depreciation and amortization	\$ 2,611	
Change in:		
Accounts payable	(610)	
Accrued fundraising	(74,733)	
Accrued expenses	 (465)	(73,197)
NET CASH USED IN OPERATING ACTIVITIES	, ,	(199,107)
CASH FLOWS FROM INVESTING ACTIVITIES		
Foreign currency transaction gain (loss)	(3,834)	
Increase in fixed assets	(3,537)	
NET CASH USED IN INVESTING ACTIVITIES	 //	(7,371)
	•	/
NET DECREASE IN CASH		(206,478)
		, , ,
CASH AND CASH EQUIVALENTS, SEPTEMBER 1, 2009		462,209
CASH AND CASH EQUIVALENTS, AUGUST 31, 2010	\$	<u>255,731</u>
SUPPLEMENTAL CASH FLOW INFORMATION		
Interest paid	\$	1,622
A		

The accompanying Notes to Financial Statements are an integral part of this statement.

THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2010

NOTE 1 – OPERATIONS

The Organization was established as a not-for-profit corporation in 1996. Its purpose is to distribute photographs of missing children, to advocate parents' rights by ensuring that parents of missing children receive all the help they deserve, to establish a database of information that will assist in efforts of returning missing children to their parents, and to operate a safety and prevention program. Primary support is from donor contributions that are solicited by three telemarketing agencies and a direct mail fundraiser, both operating throughout the United States. Other support is through contributions sent directly to the Organization.

The consolidated financial statements include the accounts of The Committee For Missing Children GmbH, a German corporation. All significant intercompany transactions and balances have been eliminated. The non-profit German corporation was established to enable the organization to solicit contributions in that country.

NOTE 2 - ACCOUNTING PRINCIPLES

Cash and Cash Equivalents

For purposes of the statement of cash flows, the Organization considers all short-term securities purchased with a maturity of three months or less to be cash equivalents.

Fixed Assets

Fixed assets are recorded at cost less accumulated depreciation. Major expenditures for improvements that substantially increase useful lives are capitalized. Maintenance, repairs, and minor renewals are expensed as incurred. When assets are retired or otherwise disposed of, their costs and related accumulated depreciation are removed from the accounts and resulting gains or losses are included in income. Depreciation is computed by straight-line and accelerated methods over estimated useful lives. The current year's depreciation expense totaled \$2,611.

Income Taxes

The Organization is a not-for-profit organization that is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code as other than a private foundation.

Basis of Presentation

Financial statement presentation follows the recommendations of the Financial Accounting Standards Board in its Statement of Financial Accounting Standards (SFAS) No. 117, Financial Statements of Not-for-Profit Organizations. Under SFAS No. 117, the Organization is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets, and permanently restricted net assets. There were no restrictions on net assets as of August 31, 2010.

THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED NOTES TO FINANCIAL STATEMENTS AUGUST 31, 2010

NOTE 3 - USE OF ESTIMATES

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

NOTE 4 - CONCENTRATIONS

The Company maintains cash in bank accounts that may, at times, exceed the federally insured deposit limit. The Company has not experienced any losses on these accounts.

The Organization has contracted with certain professional fundraising companies to solicit funds. The Organization has an agreement with three telemarketing companies that are compensated based on percentages of contributions collected. The contracts have a duration of one year and are annually renewable. The Organization has contracted with a company that raises funds by direct mail solicitations. That fundraising company is compensated based upon a fixed fee for each piece mailed. Revenues from other fundraising activities were not significant during the current year.

NOTE 5 - CONTRIBUTED SERVICES

The Organization has received contributed services from several organizations to assist in the photo distribution campaign by printing posters and flyers at no cost to the organization. The value of these services was not obtainable for the year ending August 31, 2010, but it is estimated that between 25 and 30 million flyers were distributed through various programs.

Several organizations continue to donate space in their publications for articles on child abduction. To date, 20 articles authored by the Organization's chief operating officer have been published in various publications.

The organization has over 30 partners that donate space in their catalogs and newsletters for photos of missing and abducted children.

NOTE 6 - FUNCTIONAL ALLOCATION OF EXPENSES

The costs of providing the various programs and activities have been summarized on a functional basis in the statement of activities. Accordingly, certain costs have been allocated among the programs and supporting services benefited.



Certified Public Accountants and Advisors

Members American Institute of Certified Public Accountants Georgia Society of Certified Public Accountants 1770 Indian Trail Road Suite 200 PO. Box 931658 Norcross, GA 30003-1658

INDEPENDENT AUDITOR'S REPORT ON ADDITIONAL INFORMATION

To the Executive Committee of the Board of Directors of The Committee for Missing Children, Inc. 242 Stone Mountain Street Lawrenceville, Georgia 30045

Our report on our audit of the basic financial statements of The Committee for Missing Children, Inc. appears in the preceding section. That audit was conducted for the purpose of forming an opinion on the basic financial statements taken as a whole. The consolidated schedule of functional expenses is presented for the purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Lyon CPA's, P.C.

Certified Public Accountants

Norcross, Georgia, December 14, 2010.

THE COMMITTEE FOR MISSING CHILDREN, INC. CONSOLIDATED SCHEDULE OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED AUGUST 31, 2010

	Di	Photo stribution	Parent Advocacy	Information <u>Database</u>	International Operations	Management and <u>Operations</u>
Officer salaries	\$	4,459	53,512	22,296	-	8,919
Salaries and wages		2,150	25,800	10,750	44,301	4,300
Payroll taxes		470	5,646	2,352	8,537	941
Rent-office		570	6,840	2,850	10,943	1,140
Utilities		145	1,734	723	-	289
Rent-storage		3,000	-	-	-	-
Office maintenance		41	492	205	-	82
Security system		15	184	77	-	31
Promotions		-	996	-	-	-
Public relations		-	12,022	-	-	-
Casual labor-office		575	6,899	2,875	1,825	1,150
Parent advocacy		-	21,453	-	474	-
Legal		417	5,003	2,084	330	834
State registrations		182	2,187	912	-	364
Bank fees		16	196	82	830	33
Insurance		98	1,181	492	1,297	197
Accounting and auditing		488	5,850	2,437	586	975
Telephone		375	4,496	3,091	2,240	749
Equipment rental and						
maintenance		109	1,308	545	-	218
Travel, meals and						
entertainment		-	-	-	2,474	
Board meetings		-	-	-	-	75
Office supplies		351	4,202	1,751	2,129	
Computer supplies		37	447	186	235	
Dues and memberships		-	-	-	-	1,550
Donations		-	-	-	-	1,050
Postage		138	1,660	692		
Internet and web access		-	-	546		_
Web page development		-	-	4,300		
Interest		-	-	-	58	•
Depreciation		98	1,175	490	652	196
TOTALS	\$	13,734	163,283	<u> 59,736</u>	<u>77,805</u>	<u>48,701</u>

The preceding Notes to Financial Statements are an integral part of this statement.

Form **8868**

(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Form 8868 (Rev 4-2009)

-			
	ı are filing for an Additi	natic 3-Month Extension, complete only Part I and check this box conal (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this so you have already been granted an automatic 3-month extension on a previously fi	
Part	Automatic	3-Month Extension of Time. Only submit original (no copies needed).	
A corpo Part I or	· ·	Form 990-T and requesting an automatic 6-month extension - check this box and con	nplete
	r corporations (includin come tax returns.	g 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request ar	n extension of time
noted b (not aut you mu:	elow (6 months for a comatic) 3-month extenst submit the fully com	erally, you can electronically file Form 8868 if you want a 3-month automatic extension or equired to file Form 990-T). However, you cannot file Form 8868 electron sion or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or copleted and signed page 2 (Part II) of Form 8868. For more details on the electronic file for Chanties & Nonprofits.	ically if (1) you want the additional onsolidated Form 990-T. Instead,
Type or	Name of Exempt (Drganization	Employer identification number
print	COMMITTEE	EOD MICCINC CHILDDEN INC	58-2215576
File by the due date fo filing your	Number, street, ar	FOR MISSING CHILDREN, INC. nd room or suite no. If a P.O. box, see instructions. MOUNTAIN STREET	38-2213376
return Sec Instruction	City, town or post	office, state, and ZIP code. For a foreign address, see instructions. ILLE, GA 30046-5664	
Check 1	type of return to be fil	ed (file a separate application for each return):	
F	orm 990 orm 990-BL orm 990-EZ orm 990-PF	Form 990-T (corporation) Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) Form 1041-A Form 80	227 069
Telep	phone No. ► 800- e organization does no	DAVID THELEN of 242 STONE MOUNTAIN ST - LAWRENCEVILLE, 525-8204 FAX No. thave an office or place of business in the United States, check this box	GA 30045 ► □
If this		, enter the organization's four digit Group Exemption Number (GEN) If th	
If this		, enter the organization's four digit Group Exemption Number (GEN) If the group, check this box and attach a list with the names and EINs of all	
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For Privacy Act and Paperwork Reduction Act Notice, see Instructions.